**21st Annual Day of the Child Community Fair**

# Saturday, April 20, 2024

Memorial Park, 373 Park Way Chula Vista CA 91910

## VOLUNTEER PARTICIPATION FORM

The Day of the Child Event is intended for families to engage in safe, fun activities while receiving information on the services available to them in the community. The role of the event’s volunteers is to improve the overall operations of the event, therefore volunteers are a key part of making this event successful. As a representative of the community and CVCC, you will serve as a role model for youth and families attending the event. This year’s event will be bigger than ever.

Please complete the form and email to [christina.ross@cvesd.org](mailto:christina.ross@cvesd.org)**. Forms are due by April 5, 2024,** and space is limited. Any forms received after that date may not be accepted. You should receive an email within 2 days of receipt of your form along with additional information on an evening **orientation scheduled for April 18 at 5:30 pm**. At the orientation, volunteers will be informed on event logistics, check in/out process, expectations, and to select their assignment (pending space available). If you are unable to attend, positions will be assigned by CVCC staff prior to the event.

|  |  |  |
| --- | --- | --- |
| **Name** | **Cell Phone** | **Email** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Please indicate the shift you are available to volunteer for:**

**Morning shift** **6:30 am -11:30 pm**  **Afternoon shift** **1:00 pm – 5:00 pm**

**Mid-day shift 11:00 – 1:30 pm** Limited number of volunteers needed.

**Shirt size (unisex t-shirt)** click in the box  Small  Medium  Large  Extra Large

**Acknowledgement of Volunteering for the CVCC Day of the Child Event**

By signing this form, I acknowledge that as a volunteer for the CVCC Day of the Child I will be engaging in activities that may include sitting, standing, lifting, pulling, pushing, talking, and writing for long periods of time. I will let the staff know, prior to the event, if I am unable to carry out any of these tasks so they can see if accommodation can be arranged. I understand I will be responsible for completing tasks assigned by my designated supervisor, upholding the organization’s values, and maintaining a high degree of professionalism.

I also acknowledge that I am to remain on the site during my shift hours and MUST report to the volunteer coordinator if I need to leave for any reason.

Volunteer’s signature: Click or tap here to enter text.

**DAY OF THE CHILD, April 20, 2024**

**HOLD HARMLESS AGREEMENT AND EMERGENCY CONTACT INFORMATION**

Dear Parent/Guardian:

Last year we had an episode in which one of our volunteers engaged in an unacceptable activity, not affiliated with the event, that resulted in a serious injury and hospitalization. It was the first injury in the 20 years we’d held the event and was quite traumatic. Therefore, we are now requiring this hold harmless agreement and agreement not to sue.

The waiver **must be signed** by the Parent/Guardian if the volunteer is a minor prior to participation. If the volunteer is over 18, than they must sign the Hold Harmless Agreement.

– I, the undersigned, declare that it is my desire to volunteer, or to allow my child(ren), Click or tap here to enter text., to volunteer at the Day of the Child event to be held on April 20, 2024.

I hereby agree that I, my heirs, legal representatives, and assigns do release, discharge and will hold harmless and not sue the CVCC, event sponsors, their officers, and employees, representatives, or agents from any liability, claims, damages, expenses, actions, or costs suffered by me in participating or in giving support of my child(ren) to participate in the event. I also agree to indemnify the CVCC for claims by any person, or entity arising from their participation.

**I have carefully read this Hold Harmless Agreement and Agree not to sue and fully understand its contents. I am aware that it is a full release of all right to demand reimbursement or sue in connection with expenses incurred or funds raised in connection with the planned activity identified above. I sign it of my own free will.**

Parent/Legal Guardian’s signature: Click or tap here to enter text.

Parent/Legal Guardian’s phone: Click or tap here to enter text.

Parent/Legal Guardian’s email: Click or tap here to enter text.

Volunteer (if over 18) signature: Click or tap here to enter text.

Volunteer’s phone: Click or tap here to enter text.

**EMERGENCY CONTACT INFORMATION:**

Name: Click or tap here to enter text. Relationship: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.